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ORIGINAL

Professionalization in the development of geriatric thinking by the intensive care physician

La profesionalización en el desarrollo de un pensamiento geriátrico del médico intensivista

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ABSTRACT

The population's aging is one of the most excellent social transformations in the XXI century. The biggest adults constitute a growing proportion of the patients admitted in the Units of Intensive Cares, presenting characteristic physiologic, comorbidities and unique vulnerabilities that require a specialized focus of attention. He articulates he/she has as objective to develop from the professionalization the thought geriatric in the professional acting of the medical intensivist in the integral attention to the biggest adult in intensive cares. The necessity of a personalized boarding, multidimensional and interdisciplinary of the biggest mature patients in intensive cares, it implies to address the professional formation. The professionalization is a continuous and dialectical process, directed to develop y/o to perfect the formation of knowledge, abilities and values that contribute to strengthen the previously acquired performance ways, in function of the changes and advances of the science and the technology. The professionalization of the medical intensivist in the attention to the biggest adult in intensive cares is a demand before the aging, it is a dynamic process that looks for to endow to the professional of the tools and necessary competitions to approach this population's specific challenges, promoting a better acting professional, from a continuous formation of excellence able to transform the professional in a competent, ethical and committed clinical leader with the excellence, promoting an integral attention and of high quality to the biggest adult in intensive cares.

Keywords: Professionalization; Through Geriatric; Medical Intensivist.

RESUMEN

El envejecimiento de la población es una de las transformaciones sociales más relevantes del siglo XXI. Los adultos mayores constituyen una proporción creciente de los pacientes admitidos en las Unidades de Cuidados Intensivos, presentando características fisiológicas, comorbilidades y vulnerabilidades únicas que requieren un enfoque de atención especializado. El articulo tiene como objetivo desarrollar desde la profesionalización el pensamiento geriátrico en el desempeño profesional del médico intensivista en la atención integral al adulto mayor en cuidados intensivos. La necesidad de un abordaje personalizado, multidimensional e interdisciplinario de los pacientes adultos mayores en cuidados intensivos, implica direccionar la formación profesional. La profesionalización es un proceso continuo y dialéctico, dirigido a desarrollar y/o perfeccionar la formación de conocimientos, habilidades y valores que contribuyen a fortalecer los modos de actuación previamente adquiridos, en función de los cambios y avances de la ciencia y la tecnología. La profesionalización

del médico intensivista en la atención al adulto mayor en cuidados intensivos es una exigencia ante el envejecimiento, es un proceso dinámico que busca dotar al profesional de las herramientas y competencias necesarias para abordar los desafíos específicos de esta población, promoviendo un mejor desempeño profesional, desde una formación continua de excelencia capaz de transformar al profesional en un líder clínico competente, ético y comprometido con la excelencia, promoviendo una atención integral y de alta calidad al adulto mayor en cuidados intensivos.

Palabras clave: Profesionalización; Pensamiento Geriátrico; Médico Intensivista.

INTRODUCTION

Population aging is a growing and unprecedented phenomenon worldwide. This demographic transition, among other reasons, prompted the World Health Organization to propose 2020-2030 as the decade of healthy aging. In addition, it has made it a priority for countries to restructure their health services and ensure the necessary and capable human resources for comprehensive care of older people.[1]

According to population estimates and projections for Latin America and the Caribbean, the region has experienced a more rapid aging process than other regions.[2]

In the Cuban context, population aging is a declared reality, as can be seen in the linear increase in the population aged 60 and over from 9 % in 1970 to 22,3 % in 2022, a similar trend in the province of Pinar del Río where 22,6 % of this age group is reached.[3]

The admission of elderly patients to intensive care services has been increasing, a highly complex professional challenge. Medical education embraces these demands and requires professionals to grow in knowledge and skills that promote the development that will enable them to face this challenge.[4]

From the conception of healthy aging, as the process that allows the individual to maintain a functional life adapted to their interests, an older adult can have many illnesses and have healthy aging if these do not sufficiently modify their life. For the first time, the concepts of "healthy" and "disease" were moved away from each other, changing based on a capabilities approach, the health-disease binomial for that of health-functional impairment or health-loss of functional autonomy.[5]

Older people can be classified in many ways according to age. The age criteria that define older people are not uniform and use different age limits: 65, 70, or 75 years. The most commonly used is social age, determined by the retirement age of 65. Demographers speak of 60 years or older as the age from which someone becomes an older adult. In direct relation to the lack of clear definitions for the subgroups of older adult patients, Carrillo-Espe[6] describes the following groups:

a. Older adult patients: > 65 and < 75 years (OAP).
b. Very elderly adult patient: aged 75 to 80 (VEP).
c. Octogenarian: > 80 years.
d. Nonagenarian: > 90 years

In its program of care for the elderly, the Cuban national health system uses an age criterion that defines the population as elderly as being 60 years or older.[7]

Approximately 50 % or more of admissions to Intensive Care Units correspond to elderly patients. Their complexity increases the care requirements and an eventual demand for particular care, which generates concern about the particularities in their recognition and management, making an interdisciplinary and multidimensional approach imperative.[6]

Recently, interest has arisen in multidimensional geriatric assessment in intensive care, influenced by changes in paradigms where greater emphasis is placed on functional outcomes as therapeutic objectives and on the appearance of frailty as a prognostic marker.[4]

In the elderly patient, it is necessary to know in advance the therapeutic scope, and it is ideal to previously define the admissible life support, which can be considered ethical for the age, condition, comorbidities, and functionality; always seeking to avoid therapeutic obstinacy and the unnecessary prolongation of life.[8]

Frailty is a high-impact situation in the lives of older adults and is considered a significant predictor of complications and disability. People with frailty may be predisposed to a higher incidence or severity of certain diseases while in intensive care. It is necessary to identify the risk of mortality using the scales and, in this way, define which patients benefit or not from being admitted to intensive care and receiving advanced management and who do not. This gives rise to the need for quality standards, creating good indicators for hospital outcomes.[9]

The identification, knowledge, and early intervention of delirium and sarcopenia within the significant geriatric syndromes with a high incidence of exacerbation or appearance during hospital stay in intensive care are of great importance. Their presence has a tremendous negative impact on functionality, which is associated

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with frailty, disability, and mortality in the older adult population.[10]

The challenge in the care of the older adult patient in intensive care supports the need to develop and/or refine the geriatric thinking of the specialist in Intensive Care and Emergency Medicine in their professional performance, which implies directing training and providing the professional with knowledge and skills that allow them to respond to the peculiarities and demands in the diagnosis and management of the acute critical illness of the elderly patient, with limited physiological reserves, different expressions, and behaviors. Professional performance must build an unavoidable link between work and the permanent and continuous improvement of the professional.[11]

The article's objective is to develop geriatric thinking in the professional performance of the intensive care physician in the comprehensive care of older people in intensive care from the perspective of professionalization.

Professionalization is a requirement based on the humanistic principle of patient care, supported by the continuous improvement of knowledge and skills. Two characteristic features of professionalization can be distinguished: its humanistic character, which fosters the development of the individual, motivation, and commitment, and its interdisciplinary character, oriented towards modes of action, which leads to knowledge of the professional model and the study of the context in which the graduate exercises their function, taking into account scientific and technical progress in the different branches of knowledge and the social policies that influence their training.[12]

DEVELOPMENT

The quality of a healthcare service is based on the level of knowledge, skills, attitudes, and values professionals demonstrate in performing their duties.[13] The progressive increase in the demands of intensive care for older patients imposes the need to adopt a personalized approach to older adults and their particular circumstances, taking into account other qualities such as effective communication with patients and relatives, multidisciplinary teamwork, and cultivating an awareness of professional dedication, understanding the cultural and spiritual dimensions of this group of patients.

The evolution of the intensive care physician's professional performance in the care of older people has moved from an initial focus on short-term survival to comprehensive, ethical, and personalized care that seeks to optimize quality of life and long-term functionality. Future challenges include the need to continue developing innovative models of care, promoting research in geriatric intensive medicine, and guaranteeing equitable access to intensive care for all older adults, regardless of their age or socioeconomic status.

Professionalization as a process is a requirement that arises from social development. As a trend, it is desirable because it guarantees higher quality in professional performance, linked and integrated to the quality of services, breaking away from purely academic frameworks and linking it to social responsibility and commitment as a response to the needs of the population; in an active and participatory process of constant problematization, which directs the actions and challenges to be developed.[14]

Professionalization is an educational process that, despite not always having its origin in the individual's school education, reaches its fullness in Advanced Education once it includes graduates from any level of education immersed in the world of work or the community, as its essence is the efficient reorientation and/or specialization of human resources in tribute to professional improvement, which is revealed in the acquisition and/or development of the basic competences demanded by the professional model and which is evident in their professional performance.[15,16]

In the systematization carried out on professionalization and when addressing opinions and criteria of researchers, we take what is referred to by Añorga and Valcárcel define professionalization as "... a permanent professional pedagogical process that has its genesis in the initial training of the individual in a profession, which implies a continuous change that is obligatory at all levels, with a pattern essentially determined by the mastery of the knowledge base, specific to the profession in question, which has a human factor that must react correctly when dealing with the community and move forward to be able to make a suitable adjustment to the innovations of interchangeable variables that influence the dominant and leading social environment of man.[17]

According to Bernaza (2013), to achieve a comprehensive general culture, it is necessary to recognize the need to correctly orient the postgraduate process with a developmental vision, taking into account the experiences of the teachers.[18]

Professionals are competent when they use the knowledge and skills they have learned, apply them in different professional situations and adapt them to their work, relate to and participate with their colleagues in team activities, solve problems autonomously and flexibly, and collaborate in the organization of work.[19]

To achieve an optimal level of performance, it is necessary to harmoniously integrate scientific knowledge, ethical values, and technical and clinical skills of excellence.[20]

The author defines the professionalization of the intensive care physician as a continuous and multifaceted process of acquisition, development, and maintenance of the knowledge, skills, attitudes, and values necessary

to provide comprehensive, high-quality, evidence-based care to critically ill or emergency patients, with a specific focus on ethics, patient safety, effective communication, and leadership, all within a framework of continuous improvement and commitment to professional excellence.

Breaking down this definition, we can identify the following key components:

- Continuous and multifaceted process: It is not a single event but a constant journey of learning and development that encompasses different dimensions of professional practice.
- Acquisition, development, and maintenance of knowledge, skills, attitudes, and values: This involves the initial acquisition of knowledge, skills, and attitudes, their improvement over time, and constant updating to adapt to scientific and technological advances.
- Comprehensive care: This goes beyond the technical management of the disease and includes consideration of the physical, psychological, social, and spiritual needs of the patient and their family.
- High quality and evidence-based: Care must be backed by the best available scientific evidence and meet the highest quality standards, seeking to optimize patient outcomes.
- Ethics: Decision-making must be guided by sound ethical principles, respecting patient autonomy, promoting beneficence, avoiding maleficence, and ensuring fairness in the allocation of resources.
- Patient safety: Minimizing risks and preventing medical errors is a priority. Professionalization implies adopting safe practices and active participation in improving safety in the healthcare environment.
- Effective communication: Establishing clear, empathetic, and respectful communication with patients, their families, and other healthcare professionals is essential for shared decision-making and care coordination.
- Leadership: Specialists in intensive care and emergency medicine must be capable of leading multidisciplinary teams, coordinating resources, and promoting a collaborative and safe working environment.
- Continuous improvement: Self-evaluation, review of clinical practice, participation in audits, and the constant search for new ways to improve care are essential elements of professionalization.

To support each professional's individual responsibility in their continuous training, strategies must be searched for that guarantee the progressive acquisition of a multidimensional approach that responds to the new demands of older people in intensive care. This is the way to promote and face the challenge of cultural change in professional thinking, which some authors call the geriatricization of intensive care performance.

According to the author, the proposal of this research on the professionalization of professional performance is made necessary by identifying the main challenges faced by the intensivist doctor in caring for older people in intensive care. Some of the main challenges include:

1. Comorbidities: Older adults often suffer from multiple chronic diseases that complicate their treatment and require a multidisciplinary approach.
2. Frailty: Frailty in the elderly can lead to increased susceptibility to infections, postoperative complications, and a longer recovery time.
3. Pain assessment: Pain perception can vary in this population and can be challenging to assess and treat appropriately.
4. Communication skills: Many older adults have communication problems (e.g., due to cognitive impairment or hearing loss), making it difficult to make informed decisions.
5. Family support: Lack of family support or inadequate family dynamics can affect the patient's emotional well-being and recovery.
6. Palliative care: Integrating palliative care into intensive care is often insufficient, leading to poor quality of life.
7. Limited resources: A shortage of resources and personnel trained in geriatrics can limit the quality of care received.
8. Ethical aspects: Ethical decision-making regarding treatment limitation and end-of-life can be particularly complex in this population.
9. Rehabilitation: The lack of appropriate post-ICU rehabilitation programs can impact long-term recovery and functionality.
10. Care protocols: Care protocols may not be adapted to the specific needs of older people, which could result in inappropriate interventions.

Identifying and focusing on this need paves the way for tackling the challenge of the current century about personalizing care for older patients through a holistic approach based on comprehensive care that includes the physical, psychological, social, and spiritual aspects of the patient, with ethical care in decision-making, optimizing the management of technological advances and the implementation of palliative care to improve quality of life at the end of life.

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The elderly patient acquires a special connotation and demands the development and improvement of care safety, a competence that has been insufficiently addressed in doctor training. It is essential to identify this educational need and actively engage in learning and training to achieve attitudinal changes.

Patients hospitalized in intensive care are especially susceptible to safety incidents, with reports reaching 1,7 errors per patient per day. In addition to the severity of the illness that led to hospitalization in intensive care, the need for multiple diagnostic and therapeutic interventions must be taken into account.[21]

Developing a safety culture is one of the most critical challenges for healthcare worldwide. Healthcare safety (HS) consists of the "freedom from harm or potential harm associated with healthcare" and is currently one of the most critical issues on the global health agenda.[22]

Safety in healthcare is especially relevant in the treatment of older adults during critical illness, where not only the direct severity of the causal factor influences but also the compromise of their physiological reserves depending on the degree of fragility, comorbidity, and polypharmacy, among other factors, which are decisive in the admission and follow-up of the older adult patient.

In approaching education in healthcare safety, it is essential to bear in mind the dialectical relationship with the bioethical dilemmas implicit in older adult patients' care.[23]

Bioethics is necessary to balance the potential of technological development in diagnostic and therapeutic intervention and respect for human dignity. Bioethical decisions must take into account risk vs. harm and benefit, optimize diagnosis, the patient's state of competence, inform the family, determine the quality of life according to the patient, manage a single criterion within the team, use resources reasonably, allow the family to adapt when there is nothing more that can be done, correctly comply with palliative care, not abandon.[24]

Dignity for the elderly is the right to be treated equally, the right to choose how they want to live, how they want to die, and how they want to be cared for, and the right to be able to have control over decisions related to their health, and the right to maintain their autonomy without being a burden on their families and without feeling alone.[25]

In Intensive Care and Emergency Medicine, all professionals must defend values such as humanism, harmony, and good treatment, as well as adequate doctor-patient, doctor-family member, or doctor-doctor communication between the different members of the multidisciplinary team. They must also feel the problems of others as their own, offer affection, understanding, and concern, listen to other people, and foster a climate of trust and respect.

Values are attributes of the human will. They are formed and developed gradually in human activity as the result or fruit of an appropriate attitude to life. The understanding of values starts from an essential fact.[26,27,28]

The Universal Declaration on Bioethics and Human Rights states that "in applying and advancing scientific knowledge, medical practice, and associated technologies, human vulnerability should be considered. Particularly vulnerable individuals and groups should be protected and the personal integrity of such individuals respected".[27]

Respect for older people considers their ethical protection by reducing paternalistic, degrading, and discriminatory treatment. Respect for their wishes and choices should protect their fundamental right to autonomy.[29,30,31]

On December 14, 1990, the United Nations General Assembly, through resolution 45/106, designated October 1 as the International Day of Older Persons. On October 1, 2024, the opportunity was taken to highlight the importance of the contribution of older people to society and raise awareness of the problems and goals of aging in today's society. The slogan chosen was "Older people in the spotlight of emergencies." [29,32,33]

Therefore, caring for critical patients poses an enormous challenge and involves developing a special form of medical thinking: problem-oriented thinking, in which problems must be prioritized logically and according to severity. This clinical coping strategy, through the analysis of different medical issues, allows us to deal quickly and easily with highly complex patients, focusing on the etiopathogenic and pathophysiological factors of the disease.

The professionalization of the intensive care physician in their profile of care for the elderly in intensive care is the process by which the specialist acquires the theoretical knowledge, skills, and abilities based on a comprehensive, multidimensional approach that takes into account the previous degree of vulnerability, the ability to identify the problems, irregularities and ideal support needs of the elderly adult, the management of the primary geriatric syndromes in intensive care and teamwork that has an impact on the preservation of functionality, quality of life and survival of the elderly patient.

In summary, the professionalization of the intensive care physician is a dynamic process that seeks to transform the physician into a competent, ethical clinical leader committed to excellence, capable of providing comprehensive, high-quality care to elderly patients who are critically ill or in emergencies.

CONCLUSIONS

Analysis of the epistemological foundations of the professionalization process reveals its educational, systematic, continuous, and dialectic nature. As a training process, it is capable of developing geriatric thinking in the intensive care physician, which can improve professional performance and provide comprehensive, ethical, and personalized care for older people in intensive care.

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